

CV 17-6699

ORIGINAL

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

KUNTZ, J.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

BLOOM, M.J.

-----X
Robert E. Power, Jr., (58832-054)
Full name of plaintiff/prisoner ID#

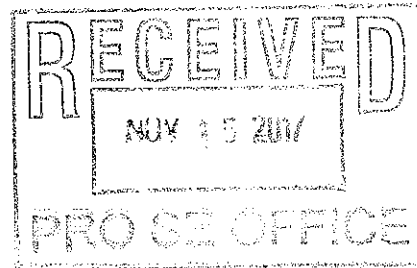
Plaintiff,

JURY DEMAND
YES ☒ NO ☐

-against-
New York City Department of Preservation and Development
IMPACCT BROOKLYN
1007 Atlantic Hill, L.P.

Enter full names of defendants
[Make sure those listed above are
identical to those listed in Part III.]

Defendants.
-----X



I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

**2. Court (if federal court, name the district;
if state court, name the county)**

3. Docket Number: _____

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Core Services Group (Brooklyn Half-way House) Brooklyn NY

A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No ☒

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not _____

This pehkon does not deal with prison procedures.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Robert E. Power, Jr

Address 104 Gold Street, Brooklyn, NY 11201

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

New York City Department of Housing Preservation & Development
100 Gold Street, NY 10038

Defendant No. 2

IMPACCT BROOKLYN
1224 Bedford Avenue
Brooklyn, NY 11216

Defendant No. 3

1007 Atlantic Hill, L.P.
1224 Bedford Avenue
Brooklyn, NY 11216

Defendant No. 4

Defendant No. 5

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.):

On or about July 11, 2017, Plaintiff applied for housing at 1007 Atlantic Avenue, Brooklyn, New York. This application was submitted via Housing Connect website, which is operated by the New York City Department of Housing Preservation and Development, Defendant #1. On or about October 18, 2017, Plaintiff received an interview letter from IMPACCT BROOKLYN, Defendant #2. Plaintiff was instructed to bring documents to be considered for housing on October 26, 2017 at 6:00 pm. Plaintiff brought the request documents to Defendant #2, meet with Adam James of IMPACCT BROOKLYN at that time. On or about November 8, 2017, Plaintiff received letter from IMPACCT BROOKLYN, Defendant #2, denying his application for housing because of his criminal background, this document was sent via email by Stephanie Blue. On or about November 13, 2017, Plaintiff call IMPACCT BROOKLYN to appeal the decision made by Defendant #2, speaking with Stephanie Blue. Plaintiff explained that his conviction was over 7 years old and that it was for a non-violent offense, one that would not preclude the Plaintiff from public housing. IMPACCT BROOKLYN, Defendant #2, through Stephanie Blue, instructed Plaintiff that it was the practice of Defendant #1 and Atlantic Hill, L.P. Defendant, #3 to deny anyone with criminal history housing without considering the circumstances of their arrest and/ or conviction. Plaintiff explained to Defendant #2 that his housing was not determined by his incarceration, but the availability of affordable housing. Furthermore, the purpose of the federal correctional program was to allow former incarcerated individual the opportunity to re-enter their communities. Defendant #2, through Stephanie Blue, stated that the Plaintiff's application was still rejected. This was a direct contradiction of what the United States Department of Housing and Urban Development had held on April 16, 2016. At that time, Secretary of the Department of Housing and Urban Development Castro implemented the following:

A guideline that details his agency's interpretation of how the fair housing law applies to policies that exclude people with criminal records, a group that is not explicitly protected by the act but falls under it in certain circumstances. Federal officials and landlords must distinguish between arrests and convictions and cannot use an arrest to ban applicants. In the case of applicants with convictions, property owners must prove that the exclusion is justified and consider factors like the nature and severity of the crime in assessing prospective tenants before excluding someone.

V. Relief:

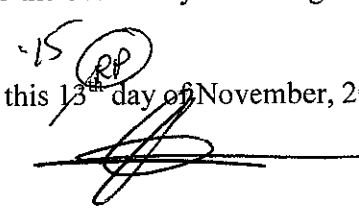
State what relief you are seeking if you prevail on your complaint.

1. For this Court to find that the criminal history policy or practice has a discriminatory effect for the Plaintiff and those similarly situated with criminal convictions.
2. For this Court to find that the challenged policies or practices are not necessary. That Defendants can achieve substantial and legitimate applicants without discriminatory policies or practices for those who applied for housing with criminal histories.

3. For this Court to implement less discriminatory alternative for those who applied for housing with criminal histories.
4. For this Court to determine a monetary value for the Plaintiff's pain and suffering, starting at \$1, 000,000.00. This is requested so that Plaintiff can be afforded a housing opportunity in New York City, New York.

I declare under penalty of perjury that the above is true and correct to the best of my knowledge

Signed this 13th day of November, 2017.


Robert E. Power, Jr. (58832-054)

Plaintiff

Core Service Group, Inc.
Brooklyn House-Community Correction
104 Gold Street, Rm.107
Brooklyn, NY 11201

Application For Apartment**1007 Atlantic Avenue****A. Name and Address**

First Name: Middle Initial: Last Name: Suffix:
Robert Power

Home Address: Mailing Address:
104 Gold 107 104 Gold 107
Brooklyn, NY 11201 Brooklyn, NY 11201

How long you lived at this address:
0 Years 1 Months

Cell Phone Number: Home Phone Number: Work Phone Number:
648-771-0674

Email:
rellispower@gmail.com

Method of contact:
☒ E-mail ☐ Paper Mail

B. Household Information

How many persons, including yourself, will live in the unit for which you are applying?
1

Household Member - 1

First Name: Middle Initial: Last Name: Suffix:
Robert Power

SSN Or TIN: Date Of Birth: Sex: Relationship to Applicant:
115568115 7/3/1970 Male Self

Occupation:
Other(Social Worker)

Veteran of the U.S. Armed Forces:
☐ Yes ☒ No

Disability:
If this member of your household has a mobility, hearing, or visual disability and requires an accessible/adaptable unit, please check below.

☐ Mobility
Disability

☐ Visual
Disability

☐ Hearing
Disability

Special Accommodation

If you checked either mobility, visual, or hearing disability, do you or a member of your household require a special accommodation?

Note: If your application is selected for further processing, you and a medical professional will need to complete a form to verify that your household requires an accessible or adaptable apartment.

☐ Yes - Please Specify the accommodation required:
☒ No

C. Income

Are you or a member of your household an employee of the City of New York, the New York City Housing Development Corporation, the New York City Economic Development Corporation, the New York City Housing Authority, or the New York City Health and Hospitals Corporation?
☐ Yes ☒ No

If you answered "Yes" to Question 1 above, have you or a member of your household personally had any role or involvement in any process, decision, or approval regarding the housing development that is the subject of this application?
☐ Yes ☒ No

1. Income From Employment

Household Member	Employer Name & Address	Length of employment	Earnings	Period	Annual Gross Earnings
Robert Power	Samartian Village 130-02 Queens Blvd Briarwood NY 11435	0 Years 1 Months	\$35000	Annually	\$35000

2. Income from other sources

Household Member	Type of Income	Amount (\$)	Period	Annual Gross Earnings
------------------	----------------	-------------	--------	-----------------------

3. Total Annual Household Income

Add All Annual Gross Income (from Sections 1 and 2 above) and indicate the TOTAL EARNED FOR THE YEAR: \$35000

D. Assets

Are there assets for this household? Example of assets include checking account, savings account, investment assets(stocks, bonds, vested retirement funds, etc...), real estate, cash savings, miscellaneous investment holdings, etc.

[X] Yes [] No

Household Member	Type of Asset/Account	Bank / Institution
Robert Power	Checking	Ally Bank
Robert Power	Checking	Santander Bank

E. Rental Subsidy

Are you presently receiving a Section 8 Housing Voucher or Other Subsidy/Certificate?

[X] No [] Yes - HPD Section 8 Housing Voucher [] Yes - NYCHA Section 8 Voucher [] Yes - Other Rental Subsidy/Certificate

F. Current Landlord

Landlord Name and Address: Landlord Phone Number:

Core Services
104 Gold Street
Brooklyn New York 11201 888-598-0108**Current Rent**Total Rent of your apartment:
\$725 monthlyYour monthly contributions towards the above apartment :
\$725 monthly**G. Reason For Moving**

- ☐ Living with Parents ☐ Not Enough Space ☐ Living in Shelter or on Streets
☐ Bad Housing Condition ☐ Health Reasons ☐ Disability Access Problems
☐ Living with Relative/Other Family Members ☐ Rent Too High ☐ Increase in Family Size (Marriage, Birth)
☐ Do Not Like Neighborhood ☒ Other (Will Review upon Interview)

H. Ethnic Identification

- ☐ WHITE ☒ BLACK OR AFRICAN AMERICAN
☐ HISPANIC OR LATINO ☐ AMERICAN-INDIAN OR NATIVE ALASKAN
☐ ASIAN ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
☐ OTHER

I. Signature

I DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by The New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact), and referral to the appropriate authorities for potential criminal prosecution.

I DECLARE THAT NEITHER I, NOR ANY MEMBER OF MY IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signed: Robert Power

Date: 7/11/2017

OFFICE USE ONLY:

- Community Board Resident: ☐ Yes ☐ No
- Municipal Employee: ☐ Yes ☐ No
- Size of Apartment Assigned: ☐ Studio ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR
- Family Composition: Adult (Males) _____ Adult (Females) _____ Children (Males) _____ Children (Females) _____
- Person with Disability: ☐ Mobility ☐ Visual ☐ Hearing
- TOTAL VERIFIED HOUSEHOLD INCOME: \$ _____ PER YEAR





**IMPACCT
BROOKLYN**

Strengthening communities through housing,
economic opportunity and advocacy

October 18, 2017

ROBERT POWER
104 GOLD STREET #107
BROOKLYN, NY 11201

Re: 1007 Atlantic Hill L.P.
Log #: 213

Dear Applicant:

In regards to your application for an apartment at: 1007 Atlantic Avenue, Brooklyn, New York 11238

this is a confirmation of your scheduled interview. **THIS IS ONLY A NOTICE TO APPEAR FOR AN INTERVIEW FOR FURTHER PROCESSING. THIS IN NO WAY GUARANTEES AN APARTMENT.**

An interview has been set up for ***you and all adult household members:***

Date: OCTOBER 26TH 2017 Time: 6:00PM
Month Day Year

Interview location: 1224 Bedford Avenue, Brooklyn, New York 11238

Important:

All adult household members must be present at the interview.

You must bring documents to confirm your eligibility. Please see below or attached for a list of required documents. Free interpretation services are available for your interview. You may request interpretation in advance or when you arrive for your interview. When the interview begins, an over-the-phone service will be contacted to provide interpretation.

☐ If this box is checked, please complete the attached *Certification of Eligibility for Disability Set Aside Unit* form and bring it to the interview. Remember that your medical doctor must complete part of the form. (*Check box for Certification of Eligibility for Disability Set Aside Unit form*)

IF YOU ARE UNABLE TO ATTEND, PLEASE CONTACT US AT LEAST 24 HOURS BEFORE YOUR SCHEDULED APPOINTMENT AT:

Phone: (718) 522-2613 x 124 **Email:** Adam_James@impacctbk.org

We look forward to seeing you.
Sincerely,

Owner/Manager

IMPACCT Brooklyn
1224 Bedford Avenue · Brooklyn, New York 11216 · 718-522-2613
www.impactbrooklyn.org | pacc@impactbk.org





**IMPACCT
BROOKLYN**

Strengthening communities through housing,
economic opportunity and advocacy

November 8, 2017

ROBERT POWER
104 GOLD STREET, #107
BROOKLYN, NEW YORK 11201

Re: **1007 Atlantic Hill L.P.**
Log #: **213**

Dear Applicant:

We received your application for residency in the project indicated above. Based on the guidelines for eligibility for this project, your application has been rejected for the following reason:

 1. Credit History

Please note that the City of New York has established Financial Empowerment Centers that offer free counseling to help you in improving your credit. A counselor can also help you deal with your debt and debt collectors and how to save for your monthly rent. We encourage you to call 311 to make a free appointment with a counselor so that you are better prepared for future housing lotteries.

 2. Rent payment history

 3. Upon complete review, your income does not meet the guidelines.
See attached for income eligibility chart.

Your income: _____

 4. Your income does not demonstrate a continuing need.

 X **5. Criminal background check**

Based on the information you present at interview, we are receipt of an Introduction Letter from the Core Service Group, the letter stated and acknowledges that you are a resident of Core Services Group Brooklyn House. Brooklyn House is a residential reentry center for federal offenders under the auspice of the U.S. Department of Justice, Bureau of Prison or U.S. Department of Probation. The letter further confirms that you are still under the custody of the Federal government arriving on 4/12/17 and slated to be released on 2/12/18.

With this said you are not eligible for housing at 1007 Atlantic Avenue.

 6. Your application and/or documentation has been found to include inconsistent information.

IMPACCT Brooklyn

1224 Bedford Avenue · Brooklyn New York 11216 · 718-522-2613 x 124
www.impacctbrooklyn.org | pacc@impacctbk.org



**IMPACCT
BROOKLYN**

Strengthening communities through housing,
economic opportunity and advocacy

- ☐ 7. Failure to attend two (2) or more scheduled interview dates.
- ☐ 8. You do not meet the definition of a household established by the New York City Department of Housing Preservation and Development. Therefore, you do not qualify for this program.
- ☐ 9. Your appeal was not submitted within the appeal period of ten (10) business days.
- ☐ 10. Failure to Return Required Documentation
- ☒ 11. Other: Money Order
Your money order 60224085 will be returned to you via regular postal mail.

If you have additional information which you feel would entitle you to appeal this determination, you may contact this office within ten (10) business days in writing to request a review.

Sincerely,

IMPACCT Brooklyn Affordable
Housing Marketing Department





Affordable Housing for Rent

1007 Atlantic Hill Apartments

10 NEWLY CONSTRUCTED UNITS AT 1007 Atlantic Avenue, Brooklyn, NY 11238

Prospect Heights

Amenities: Roof deck, package room, bike storage room†, storage room† (†additional fees may apply).

Transit: Trains – A/C/G/S – Buses – B25/B45/B65

No application fee • No broker's fee • Smoke-free building



This building is being constructed through the Inclusionary Program and is approved to receive a Tax Exemption through the 421-a Program of the New York City Department of Housing Preservation and Development.

Who Should Apply?

Individuals or households who meet the income and household size requirements listed in the table below may apply. Qualified applicants will be required to meet additional selection criteria. Applicants who live in New York City receive a general preference for apartments.

- A percentage of units are set aside for applicants with disabilities: mobility (5%) and vision/hearing (2%).
- Preference for a percentage of units goes to residents of **Brooklyn Community Board 2** (50%).*
- Municipal employees (5%).

* Up to half of CB preference units may be allocated through referrals of applicants from city agencies

AVAILABLE UNITS AND INCOME REQUIREMENTS

Unit Size	60% AREA MEDIAN INCOME (AMI) UNITS	Monthly Rent ¹	Units Available		Household Size ²	Annual Household Income ³ Minimum – Maximum ⁴
Studio		\$780	2	→	1 person	\$26,743 – \$40,080
1 bedroom		\$806	3	→	1 person	\$27,635 – \$40,080
					2 people	\$27,635 – \$45,840
2 bedroom		\$973	5	→	2 people	\$33,360 – \$45,840
					3 people	\$33,360 – \$51,540
					4 people	\$33,360 – \$57,240

¹ Rent does not include utilities.

² Household size includes everyone who will live with you, including parents and children. Subject to occupancy criteria.

³ Household earnings include salary, hourly wages, tips, Social Security, child support, and other income. Income guidelines subject to change.

⁴ Minimum income listed may not apply to applicants with Section 8 or other qualifying rental subsidies. Asset limits also apply.

How Do You Apply?

Apply online or through mail. To apply online, please go to nyc.gov/housingconnect. To request an application **by mail, send a self-addressed envelope to: IMPACCT BROOKLYN, ATTENTION: Atlantic Hill Apts., 1224 Bedford Avenue, Brooklyn, New York 11216**. Only send one application per development. Do not submit duplicate applications. Do not apply online and also send in a paper application. Applicants who submit more than one application may be disqualified.

When is the Deadline?

Applications must be postmarked or submitted online no later than **July 13, 2017**. Late applications will not be considered.

What Happens After You Submit an Application?

After the deadline, applications are selected for review through a lottery process. If yours is selected and you appear to qualify, you will be invited to an appointment to review your documents and to continue the process of determining your eligibility.

Appointments are usually scheduled from 2 to 10 months after the application deadline. You will be asked to bring documents that verify your household size, identity of members of your household, and your household income.

Español

Presente una solicitud en línea en nyc.gov/housingconnect. Para recibir una traducción de español de este anuncio y la solicitud impresa, envíe un sobre con la dirección a: **IMPACCT BROOKLYN, ATTENTION: Atlantic Hill Apts., 1224 Bedford Avenue, Brooklyn, New York 11216**. En el reverso del sobre, escriba en inglés la palabra "SPANISH." Las solicitudes se deben enviar en línea o con sello postal antes de 13 de julio 2017.

简体中文

访问 nyc.gov/housingconnect 在线申请。如要获取本广告及书面申请表的中文字版，请将您的回邮信封寄送至：**IMPACCT BROOKLYN, ATTENTION: Atlantic Hill Apts., 1224 Bedford Avenue, Brooklyn, New York 11216**。信封背面请用英语注明“CHINESE”。必须在以下日期之前在线提交申请或邮寄书面申请 2017年7月13日。

Русский

Чтобы подать заявление через интернет, зайдите на сайт: nyc.gov/housingconnect. Для получения данного объявления и заявления на русском языке отправьте конверт с обратным адресом по адресу **IMPACCT BROOKLYN, ATTENTION: Atlantic Hill Apts. L.P., 1224 Bedford Avenue, Brooklyn, New York 11216**. На задней стороне конверта напишите слово "RUSSIAN" на английском языке. Заявки должны быть поданы онлайн или отправлены по почте (согласно дате на почтовом штемпеле) не позднее 13 июля 2017.

한국어

nyc.gov/housingconnect 에서 온라인으로 신청하십시오. 이 광고문과 신청서에 대한 한국어 번역본을 받아보시려면 반송용 봉투를 **IMPACCT BROOKLYN, ATTENTION: Atlantic Hill Apts., 1224 Bedford Avenue, Brooklyn, New York 11216**으로 보내주십시오. 봉투 뒷면에 "KOREAN" 이라고 영어로 적어주십시오. 2017년 7월 13일 소인이 찍힌 신청서를 보내야 합니다.

Kreyòl Ayisyien

Aplike sou entènèt sou sitwèb nyc.gov/housingconnect. Pou resevwa yon tradiksyon anons sa a nan lang Kreyòl Ayisyen ak aplikasyon an sou papye, voye anvòp ki gen adrès pou retounen li nan: **IMPACCT BROOKLYN, ATTENTION: Atlantic Hill Apts., 1224 Bedford Avenue, Brooklyn, New York 11216**. Nan dèyè anvòp la, ekri mo "HATIAN CREOLE" an Anglè. Ou dwe remèt aplikasyon yo sou entènèt oswa ou dwe tenbre yo anvan jiyè 13, 2017.

العربية

تقدم بطلب عن طريق الإنترنت على الموقع الإلكتروني nyc.gov/housingconnect. للحصول على ترجمة باللغة العربية لهذا الإعلان ولنموذج الطلب الورقي، أرسل منظوف يحمل اسمك وعنوانك إلى: **IMPACCT BROOKLYN, ATTENTION: Atlantic Hill Apts., 1224 Bedford Avenue, Brooklyn, New York 11216**. على الجهة الخلفية للمنظوف، اكتب باللغة الإنجليزية كلمة "ARABIC". يجب إرسال نماذج الطلبات عن طريق الإنترنت أو ختمها بختم البريد قبل 13 يوليو، 2017.

Mayor Bill de Blasio • HPD Commissioner Maria Torres-Springer



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

_____ X

ROBERT E POWER, JR

Plaintiff,

Affirmation of Service

-against-

NEW YORK CITY DEPARTMENT OF HOUSING
PRESERVATION AND DEVELOPMENT, et al

_____ CV _____ ()

Defendant.

_____ X

I, ROBERT E POWER, JR, declare under penalty of perjury that I have
served a copy of the attached CIVIL RIGHTS COMPLAINT 42 USC 1983 and APPLICATION FOR COUNSEL
upon NEW YORK CITY DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
whose address is: 100 GOLD STREET, NEW YORK, NY 10038

Dated: 11/13/17
Brooklyn, New York



Signature

104 Gold St

Address

Brooklyn, NY 11201

City, State, Zip Code

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

X

ROBERT E POWER, JR

Plaintiff,

Affirmation of Service

-against-

NEW YORK CITY DEPARTMENT OF HOUSING
PRESERVATION AND DEVELOPMENT, et al

_____ CV _____ ()

Defendant.

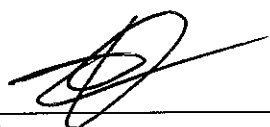
X

I, ROBERT E POWER, JR , declare under penalty of perjury that I have
served a copy of the attached CIVIL RIGHTS COMPLAINT 42 USC 1983 and APPLICATION FOR COUNSEL
upon 1007 ATLANTIC HILL, L.P.

whose address is: 1224 BEDFORD AVENUE, BROOKLYN, NY 11216

Which was sent via US Mail, certified

Dated: ^{15 RP} 11/13/17
Brooklyn , New York



Signature

104 Gold St
Address

Brooklyn, NY 11201
City, State, Zip Code

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

X

ROBERT E POWER, JR

Plaintiff,

Affirmation of Service

-against-

NEW YORK CITY DEPARTMENT OF HOUSING
PRESERVATION AND DEVELOPMENT, et al

_____ CV _____ ()

Defendant.

X

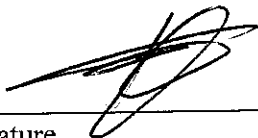
I, ROBERT E POWER, JR, declare under penalty of perjury that I have
served a copy of the attached CIVIL RIGHTS COMPLAINT 42 USC 1983 and APPLICATION FOR COUNSEL
upon IMPACCT BROOKLYN

whose address is: 1224 BEDFORD AVENUE, BROOKLYN, NY 11216

Which was sent via US Mail, certified

Dated: 11/15/17

Brooklyn, New York


Signature

104 Gold St
Address

Brooklyn, NY 11201
City, State, Zip Code